



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

June 10, 2008

George E. Sonsel, LCSW
Director
Amador County Mental Health
10877 Conductor Blvd., Suite 300
Sutter Creek, CA 95685

Dear Mr. Sonsel:

REVISED AUDIT REPORT – AMADOR COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Amador County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

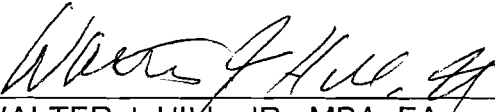
The effect of this revised allowable program costs is as follows:

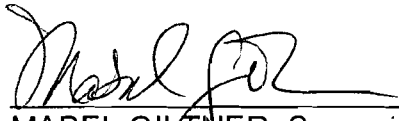
	<u>Net Program Costs</u>		
	<u>Audited</u>	<u>Revised</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 431,183	\$ 432,033	\$ 850
Federal Share of Healthy Families/Medi-Cal	\$ 0	\$ 0	\$ 0
State General Funds EPSDT Due State	\$ 100,710	\$ 100,710	\$ 0

George E. Sonsel, LCSW, Director
June 10, 2008
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

AMADOR COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Revised</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
COUNTY - FFP				
MEDI-CAL - FFP	(Sch. 2a)	\$ 417,855	\$ 850	\$ 418,705
HEALTHY FAMILIES - FFP	(Sch. 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDER		<u>\$ 417,855</u>	<u>\$ 850</u>	<u>\$ 418,705</u>
CONTRACT PROVIDERS - FFP				
MEDI-CAL - FFP	(Sch. 3b)	\$ 13,328	\$ 0	\$ 13,328
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - CONTRACT PROVIDER		<u>\$ 13,328</u>	<u>\$ 0</u>	<u>\$ 13,328</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 431,183	\$ 850	\$ 432,033
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - CONTRACT PROVIDER		<u>\$ 431,183</u>	<u>\$ 850</u>	<u>\$ 432,033</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 100,710</u>	<u>\$ 0</u>	<u>\$ 100,710</u>

SCHEDULE 2

**AMADOR COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Audited</u>	<u>Audit Adjustments</u>	<u>As Revised</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	596,380	(0)	596,380
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	10,112	0	10,112
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 606,492</u>	<u>\$ (0)</u>	<u>\$ 606,492</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	15,609	0	15,609
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 15,609</u>	<u>\$ 0</u>	<u>\$ 15,609</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	590,883	(0)	590,883
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 590,883</u>	<u>\$ (0)</u>	<u>\$ 590,883</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

SCHEDULE 2a

**AMADOR COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		As Audited	Audit Adjustments	As Revised
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 94,774	\$ 1,699	\$ 96,473
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 215,286	\$ (0)	\$ 215,286
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 94,774</u>	<u>\$ 1,699</u>	<u>\$ 96,473</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 36,830	\$ (0)	\$ 36,830
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 73,659</u>	<u>\$ 0</u>	<u>\$ 73,659</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 299,435	\$ 0	\$ 299,435
46. Enhanced (Children)	(MH1979, Ln 17,17A)	6,581	0	6,581
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	47,387	850	48,237
50. U.R. Skilled Professional	(MH1979, Ln 14)	27,622	0	27,622
51. U.R. Other	(MH1979, Ln 15)	36,830	(0)	36,830
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 417,855</u>	<u>\$ 850</u>	<u>\$ 418,705</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 417,855</u>	<u>\$ 850</u>	<u>\$ 418,705</u>
-------------------------------------	--	-------------------	---------------	-------------------

Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 417,855</u>	<u>\$ 850</u>	<u>\$ 418,705</u>
---------------------------------	--	-------------------	---------------	-------------------

(To Sch. 1)

[illegible]

AMADOR COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
00386	MILHOUS CHILDREN'S SERVICES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 13,056	\$ 0	0
00472	DEVEREAUX FOUNDATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 12,276	\$ 0	0

GRAND TOTAL

\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 25,332 \$ 0 \$ 0

SCHEDULE 4

**AMADOR COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	776,585	(160,370)	616,215
(2) Total SD/MC Claims	828,955	0	828,955
(3) Percent % (Line 1/Line 2)	93.68%	-19.34%	74.34%
(4) EPSDT Claims	453,095	0	453,095
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	424,459	(87,645)	336,814
(6) Cost Settled Baseline for EPSDT	126,330	0	126,330
(7) Net Cost Settlement Amount (Line 5 - Line 6)	298,129	(87,645)	210,484
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	144,771	(42,561)	102,211
(8a) FY 2001-02 EPSDT settlement	87,204	0	87,204
(8b) Annual Local Growth (L. 8 - 8a)	57,567	(42,560)	15,007
(9) County Match 10% of Local Growth (8b x 10%)	5,757	(4,256)	1,501
(10) Net cost settlement amount (L. 8 - 9)	139,014	(38,304)	100,710
(11) SGF Distribution (Settled and Audited)	139,014	0	139,014
(12) SGF Due (State)	<u>0</u>	<u>(38,304)</u>	<u>(38,304)</u>
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
AMADOR COUNTY MENTAL HEALTH				00003	3	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Audited	Increase (Decrease)	As Revised
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AUDITED</u> <u>SHORT-DOYLE /MEDI-CAL SETTLEMENT</u>			
1	MH 1979	2	B	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB (Total Inpatient)	\$ -	\$ 11,330	\$ 11,330
	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB (Total)	25,332	\$ 11,330	36,662
				To adjust Contract Provider Medi-Cal Direct Service Gross Reimbursement as a result of additional information provided by auditee during appeal process. (Case No. MH8-0603-725-DH)			
2	MH 1979	4	D	MEDI-CAL ADMINISTRATIVE REIMBURSEMENT LIMIT	\$ 94,774	\$ 1,699	\$ 96,473
	MH 1979	6	D	MEDI-CAL ADMINISTRATIVE REIMBURSEMENT	\$ 94,774	\$ 1,699	\$ 96,473
				To adjust Medi-Cal Administrative Reimbursement Limit and Medi-Cal Administrative Reimbursement in conjunction with Adjustment 1. (Case No. MH8-0603-725-DH)			
3	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 417,855	\$ 850	\$ 418,705
				To adjust Total SD/MC Reimbursement (FFP) as a result of Adjustments 1 and 2. (Case No. MH8-0603-725-DH)			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: AMADOR COUNTY

County Code: 03

Legal Entity: AMADOR COUNTY MENTAL HEALT		A	B	C
Legal Entity Number: 00003		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,104,497	780,668	1,885,165
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(354,231)	(354,231)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,104,497	426,437	1,530,934
6	Medi-Cal Adjustments from MH 1961			(26,293)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,504,641
Administrative Costs (County Only)				
9	SD/MC Administration			215,286
10	Healthy Families Administration			0
11	Non-SD/MC Administration			135,978
12	Total Administrative Costs			351,264
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			36,830
14	Other SD/MC Utilization Review			73,659
15	Non-SD/MC Utilization Review			53,325
16	Total Utilization Review Costs			163,814
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			989,563
19	Total Costs - Lines 9 through 18			1,504,641

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03

Legal Entity: AMADOR COUNTY MENTAL HEALTH		A	B	C
Legal Entity Number: 00003		Salaries and Benefits	Other	Total Adjustments
1	Remove capital outlay		(43,550)	(43,550)
2	Record depreciation expense		17,257	17,257
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(26,293)	(26,293)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03

Legal Entity: AMADOR COUNTY MENTAL HEALTH		A
Legal Entity Number: 00003		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	989,563
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	899,199
6	Outreach Services (Mode 45)	87,319
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	3,045
9	Total - Lines 2 through 8	989,563

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: AMADOR COUNTY
County Code: 03

County Code: 03			CR	CR	CR	CR	CR	CR	
Legal Entity: AMADOR COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00003			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	30	60	70	
1	Allocation Percentage		100.00%	19.51%	1.85%	61.73%	13.28%	3.64%	
2	Total Units			144,418	10,691	355,933	41,177	14,000	
3	Gross Cost		895,224	174,635	16,598	552,584	118,859	32,548	
4	Cost per Unit			1.21	1.55	1.55	2.89	2.32	
5	SMA per Unit			1.77	2.28	2.28	4.23	3.41	
6	Published Charge per Unit			1.55	1.99	1.99	3.70	2.98	
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		23,718	2,158	49,272	5,006	1,379	
8A		10/01/02 - 06/30/03		91,880	5,133	178,145	19,223	6,513	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02				485	30		
10A		10/01/02 - 06/30/03				5,638	180		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			28,820	3,400	122,393	16,738	6,108	
13	Medi-Cal Costs	07/01/02 - 09/30/02	126,181	28,681	3,350	76,495	14,450	3,206	
13A		10/01/02 - 06/30/03	466,272	111,104	7,969	276,569	55,488	15,142	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	185,119	41,981	4,920	112,340	21,175	4,702	
14A		10/01/02 - 06/30/03	684,024	162,628	11,703	406,171	81,313	22,209	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	161,740	36,763	4,294	98,051	18,522	4,109	
15A		10/01/02 - 06/30/03	597,671	142,414	10,215	354,509	71,125	19,409	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	840			753	87		
21A		10/01/02 - 06/30/03	9,273			8,753	520		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	1,233			1,106	127		
22A		10/01/02 - 06/30/03	13,616			12,855	761		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	1,076			965	111		
23A		10/01/02 - 06/30/03	11,886			11,220	666		
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		292,658	34,850	5,278	190,015	48,315	14,200	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: AMADOR COUNTY
County Code: 03

ASO TBS

Legal Entity: AMADOR COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00003				Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Mode Total	Function	Function	Function	Function	Function	Function
				30	58				
1	Allocation Percentage		100.00%	77.36%	22.64%				
2	Total Units			2,205	1,200				
3	Gross Cost		3,975	3,075	900				
4	Cost per Unit			1.39	0.75				
5	SMA per Unit			2.28	2.28				
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		660	1,200				
8A		10/01/02 - 06/30/03		1,510					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 09/30/02							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			35					
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,820	920	900				
13A		10/01/02 - 06/30/03	2,106	2,106					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	4,241	1,505	2,736				
14A		10/01/02 - 06/30/03	3,443	3,443					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		49	49					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03

CR

Legal Entity: AMADOR COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00003			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		479,925					
3	Gross Cost	87,319	87,319					
4	Cost per Unit		0.18					
5	Non-Medi-Cal Units		479,925					
6	Non-Medi-Cal Costs	87,319	87,319					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03

CR

CR

Legal Entity: AMADOR COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00003			Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function	Function
			20	30				
1	Allocation Percentage	100.00%	32.18%	67.82%				
2	Total Units		1,920	3,540				
3	Gross Cost	3,045	980	2,065				
4	Cost per Unit		0.51	0.58				
5	Non-Medi-Cal Units (Same as Line 2)		1,920	3,540				
6	Non-Medi-Cal Costs (Same as Line 3)	3,045	980	2,065				

Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03
Legal Entity: AMADOR COUNTY MENTAL HEALTH
Legal Entity Number: 00003

County: AMADOR COUNTY County Code: 03 Legal Entity: AMADOR COUNTY MENTAL HEALTH Legal Entity Number: 00003			REIMBURSEMENT TYPE				PC	Costs			Costs		
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55 S F's 11-19, 31-39		S F's 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col I + Col J)
1	Medi-Cal Costs	07/01/02 - 09/30/02									126,181	126,181	128,002
1A		10/01/02 - 06/30/03								466,272	466,272	2,106	468,378
2	Medi-Cal SMA	07/01/02 - 09/30/02									185,119	185,119	189,360
2A		10/01/02 - 06/30/03								684,024	684,024	3,443	687,467
3	Medi-Cal P. C.	07/01/02 - 09/30/02									161,740	161,740	161,740
3A		10/01/02 - 06/30/03								597,671	597,671		597,671
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								126,181	126,181	1,820	128,002
5A		10/01/02 - 06/30/03								466,272	466,272	2,106	468,378
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim	07/01/02 - 09/30/02								126,181	126,181	1,820	128,002
11A		10/01/02 - 06/30/03								466,272	466,272	2,106	468,378
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								840	840		840
12A		10/01/02 - 06/30/03								9,273	9,273		9,273
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								1,233	1,233		1,233
13A		10/01/02 - 06/30/03								13,616	13,616		13,616
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								1,076	1,076		1,076
14A		10/01/02 - 06/30/03								11,886	11,886		11,886
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								840	840		840
16A		10/01/02 - 06/30/03								9,273	9,273		9,273
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02								127,021	127,021	1,820	128,841
21A		10/01/02 - 06/30/03								475,545	475,545	2,106	477,651
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23		07/01/02 - 09/30/02											
23A	Healthy Families Cost	10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03											
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03											
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								6,731	6,731		6,731
28A		10/01/02 - 06/30/03								8,878	8,878		8,878
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02								120,290	120,290	1,820	122,110
35A		10/01/02 - 06/30/03								466,667	466,667	2,106	468,773
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03											
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03

Legal Entity: AMADOR COUNTY MENTAL HEALTH

Legal Entity Number: 00003		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	119,450	457,394	61,398	236,045		
5	15 - Outpatient (Program 2)	1,820	2,106	936	1,057		
6	Totals	121,271	459,500	62,333	237,102		
7	Totals from MH1979	121,271	459,500	62,333	237,102		
8	Effective SD/MC FFP %					51.40%	51.60%

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

County: AMADOR COUNTY
County Code: 03

[illegible]